

**SCHEDULE A-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CARSON AMERICA**A.** Full Name (Last, First, Middle Initial)**MS. SALLY P. GIESEKE**

Mailing Address 5957 HIGHWAY 69 S.

City	State	Zip Code
KOUNTZE	TX	77625-7018

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORT

INFORMATION REQUESTED PER BEST EFFORT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.84931

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)**RONALD GIFFORD**

Mailing Address 4439 SW 53RD ST

City	State	Zip Code
TOPEKA	KS	66610-9448

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

SELF-EMPLOYED

CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.159503

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)**MR. LAMBERT O. GILBERT**

Mailing Address 8548 VINE VALLEY DRIVE

City	State	Zip Code
SUN VALLEY	CA	91352-3659

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4350.00

Transaction ID : SA17.103790

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1500.00

Subtotal Of Receipts This Page (optional).....

1800.00

Total This Period (last page this line number only)